Public Employees Retirement Association of New Mexico



PUBLIC EMPLOYEES RETIREMENT BOARD

P.O. Box 2123, Santa Fe, New Mexico 87504-2123 (505) 827-4670 fax (505) 827-4700 voice

☐ New form

www.state.nm.us/pera

Change in existing information

SURVIVOR BENEFICIARY DESIGNATION FORM

Instructions: Please print or type in black. The <u>original</u> of this form must be completed in its entirety and returned to PERA for processing. Required Fields are in BOLD *ITALICS*

MEMBER INFORMATION		PLEASE	PRINT CLE	AR	LY				
SOCIAL SECURITY NUMBER					DATE OF BIRTH (mm/dd/ccyy)				
FIRST NAME		МІ	LA	ST NAME					
ADDRESS TYPE PE	DRESS TYPE PERMANENT TEMPORARY				HOME TELEPHONE NO.				
ADDRESS					BUSINESS TELEPHONE NO.				
					EMAIL AI	DDRES	SS		
CITY	,	STATE 2		D		SEX	MALE	FEMALE	
MARITAL STATUS Marriage or divorce after	☐ MARRIED the date this form designation.		NGLE and submitt t PERA if ei	ed to	DIVORCE PERA wi event occi	ll affect	☐ WID tyour surviv		
BENEFICIARY INFORMATI	ON								
I hereby designate the personal the event of my death prior monthly pension will be paying spouse as survivor beneficial	to retirement. I uable only if my d	understand that eath is duty rel	t if I have le lated. If I ar	ss t	han 5 yea arried and	rs of se design	ervice credit late someor	when I die, this ne other than my	
NAME	RELATIONSH	IIP SSN	DA	TE C	F BIRTH	A	DDRESS/PH	ONE NUMBER	
SPOUSAL CONSENT									
i,spouse of					, consent to his/her				
decision to designate					a	s a sur	vivor beneficia	ary.	
Signature of Member's Spouse				·	Date:				
MEMBER AUTHORIZATION	N								
I hereby declare that all the i signature is the signature of		ded is true and	complete to	the		-	-		
SIGNATURE OF MEMBI	ER		•		DA	TE OF	SIGNATU	IRE (mm/dd/ccyy)	
NOTARIZATION OF MEMB	ER'S SIGNATUI	RE							
State of New Mexico)	•							
County of) SS: /)		. ·		•				
				*					
Subscribed and sworn to (or affirmed) before me on this the					day of,,				
My Commission Expires		•	Notary Pu	ıblic	Telepho	ne No: _	· .		
Notary Signature									